County: Jefferson BETHESDA CLARA WERNER 700 HOFFMANN DRIVE

| WATERTOWN 53094 Phone: (920) 261-3050         | 0   | Ownershi p:                       | Nonprofit Church/Corporation |
|---|-----|-----------------------------------|------------------------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License:            | FDDs                         |
| Operate in Conjunction with Hospital?         | No  | Operate in Conjunction with CBRF? | No                           |
| Number of Beds Set Up and Staffed (12/31/01): | 40  | Title 18 (Medicare) Certified?    | No                           |
| Total Licensed Bed Capacity (12/31/01):       | 40  | Title 19 (Medicaid) Certified?    | Yes                          |
| Number of Residents on 12/31/01:              | 25  | Average Daily Census:             | 33                           |

| Services Provided to Non-Residents |      | Age, Sex, and Primary Diagn | osis of | Length of Stay (12/31/01) | %            |                          |           |
|------------------------------------|------|-----------------------------|---------|---------------------------|--------------|--------------------------|-----------|
| Home Health Care                   | No   | Primary Diagnosis           | %       | Age Groups                | %            | Less Than 1 Year         | 24. 0     |
| Supp. Home Care-Personal Care      | No   |                             |         |                           | )            | 1 - 4 Years              | 12. 0     |
| Supp. Home Care-Household Services | No   | Developmental Disabilities  | 100. 0  | Under 65                  | 96.0         | More Than 4 Years        | 64. 0     |
| Day Services                       | No   | Mental Illness (Org./Psy)   | 0.0     | 65 - 74                   | 4.0          |                          |           |
| Respite Care                       | No   | Mental Illness (Other)      | 0. 0    | 75 - 84                   | 0.0          | •                        | 100. 0    |
| Adult Day Care                     | No   | Alcohol & Other Drug Abuse  | 0. 0    | 85 - 94                   | 0.0          | **********               | ******    |
| Adult Day Health Care              | No   | Para-, Quadra-, Hemi plegic | 0. 0    | 95 & 0ver                 | 0.0          | Full-Time Equivaler      | nt        |
| Congregate Meals                   | No   | Cancer                      | 0. 0    | İ                         | [            | Nursing Staff per 100 Re | esi dents |
| Home Delivered Meals               | No   | Fractures                   | 0. 0    |                           | 100. 0       | (12/31/01)               |           |
| Other Meals                        | No   | Cardi ovascul ar            | 0. 0    | 65 & 0ver                 | 4. 0         |                          |           |
| Transportati on                    | No   | Cerebrovascul ar            | 0. 0    | '                         |              | RNs                      | 11.8      |
| Referral Service                   | No   | Di abetes                   | 0. 0    | Sex                       | %            | LPNs                     | 8. 5      |
| Other Services                     | Yes  | Respi ratory                | 0. 0    |                           | j            | Nursing Assistants,      |           |
| Provide Day Programming for        |      | Other Medical Conditions    | 0. 0    | Male                      | <b>56.</b> 0 | Aides, & Orderlies       | 76. 6     |
| Mentally Ill                       | No   |                             |         | Femal e                   | 44. 0        |                          |           |
| Provi de Day Programming for       |      |                             | 100. 0  |                           | i            |                          |           |
| Developmentally Disabled           | Yes  |                             |         |                           | 100. 0       |                          |           |
| ***********                        | **** | '<br>*************          | *****   | '<br>*******              | ******       | **********               | *****     |

## Method of Reimbursement

|                     |      | ledicare<br>litle 18 |                      |     | edicaid<br>itle 19 |                      |     | 0ther |                      | J   | Pri vate<br>Pay | :                    |     | amily<br>Care |                      |     | anaged<br>Care |                      |                          |                |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|----------------|
| Level of Care       | No.  | %                    | Per<br>Di em<br>(\$) | No. | %                  | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %             | Per<br>Di em<br>(\$) | No. | %              | Per<br>Di em<br>(\$) | Total<br>Resi -<br>dents | %<br>Of<br>All |
| Int. Skilled Care   | 0    | 0. 0                 | 0                    | 0   | 0. 0               | 0                    | 0   | 0.0   | 0                    | 0   | 0. 0            | 0                    | 0   | 0.0           | 0                    | 0   | 0. 0           | 0                    | 0                        | 0. 0           |
| Skilled Care        | 0    | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0           |
| Intermedi ate       |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0           |
| Limited Care        |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0           |
| Personal Care       |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0           |
| Residential Care    |      |                      |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0            |
| Dev. Di sabl ed     |      |                      |                      | 25  | 100.0              | 163                  | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 25                       | 100. 0         |
| Traumatic Brain In  |      | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0.0            |
| Ventilator-Dependen | nt 0 | 0.0                  | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                    | 0                        | 0. 0           |
| Total               | 0    | 0.0                  |                      | 25  | 100.0              |                      | 0   | 0.0   |                      | 0   | 0.0             |                      | 0   | 0.0           |                      | 0   | 0.0            |                      | 25                       | 100.0          |

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| Admissions, Discharges, and<br>Deaths During Reporting Period |     | Percent Distribution  | of Residents' | Condi ti on      | s, Services, a | and Activities as of 12 | /31/01     |
|---|-----|-----------------------|---------------|------------------|----------------|-------------------------|------------|
| beating builing keporting refrou                              |     | ı'                    |               | % N              | eedi ng        |                         | Total      |
| Percent Admissions from:                                      |     | Activities of         | %             |                  | ance of        | % Totally               | Number of  |
| Private Home/No Home Health                                   | 0.0 | Daily Living (ADL)    | Independent   | One Or           | Two Staff      | Dependent               | Resi dents |
| Private Home/With Home Health                                 | 0.0 | Bathi ng              | 12. 0         | :                | 38. 0          | 0. 0                    | 25         |
| Other Nursing Homes   | 0.0 | Dressi ng             | 24. 0         | ,                | 76. 0          | 0. 0                    | 25         |
| Acute Care Hospitals  | 0.0 | Transferring          | 100. 0        |                  | 0. 0           | 0. 0                    | 25         |
| Psych. HospMR/DD Facilities                                   | 0.0 | Toilet Use            | <b>56.</b> 0  |                  | <b>14</b> . 0  | 0. 0                    | 25         |
| Rehabilitation Hospitals                                      | 0.0 | <b>Eating</b>         | 64. 0         | ;                | 36. 0          | 0. 0                    | 25         |
| Other Locations   | 100 | *******************   | ******        | ******           | ******         | ******                  | ******     |
| Total Number of Admissions                                    | 9   | Continence            |               | % S <sub>l</sub> | ecial Treatme  | nts                     | %          |
| Percent Discharges To:  |     | Indwelling Or Externa |               | 0. 0             |                | pi ratory Care          | 0. 0       |
| Private Home/No Home Health                                   | 0.0 | 0cc/Freq. Incontinent | of Bladder    | 36. 0            | Receiving Tra  | cheostomy Care          | 0. 0       |
| Private Home/With Home Health                                 | 0.0 | 0cc/Freq. Incontinent | of Bowel      | 36. 0            | Receiving Suc  | ti oni ng               | 0. 0       |
| Other Nursing Homes   | 0.0 |                       |               |                  | Receiving Ost  |                         | 0. 0       |
| Acute Care Hospitals  | 0.0 | Mobility              |               |                  | Receiving Tub  |                         | 0. 0       |
| Psych. HospMR/DD Facilities                                   | 0.0 | Physically Restrained |               | 0. 0             | Receiving Mec  | hanically Altered Diets | 20.0       |
| Rehabilitation Hospitals                                      | 0.0 |                       |               |                  |                |                         |            |
| Other Locations   | 100 | Skin Care             |               | 0                | ther Resident  | Characteri sti cs       |            |
| Deaths  | 0.0 | With Pressure Sores   |               | 0. 0             | Have Advance   | Di recti ves            | 0. 0       |
| Total Number of Discharges                                    |     | With Rashes           |               | 24. 0 M          | edi cati ons   |                         |            |
| (Including Deaths)  | 23  |                       |               |                  | Receiving Psy  | choactive Drugs         | 32. 0      |

|  | This          |          | DD               | Engl                                   |                |  |
|--|---------------|----------|------------------|--|----------------|--|
|  | Facility<br>% | rac<br>% | ilities<br>Ratio | ************************************** | lties<br>Ratio |  |
|  |               |          |                  |  |                |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 82. 5         | 84. 6    | 0. 98            | 84. 6                                  | 0. 98          |  |
| Current Residents from In-County                     | 0. 0          | 41. 3    | 0.00             | 77. 0                                  | 0.00           |  |
| Admissions from In-County, Still Residing            | 0. 0          | 17. 0    | 0.00             | 20. 8                                  | 0.00           |  |
| Admissions/Average Daily Census                      | 27. 3         | 18. 6    | 1. 47            | 128. 9                                 | 0. 21          |  |
| Discharges/Average Daily Census                      | 69. 7         | 22. 2    | 3. 15            | 130. 0                                 | 0. 54          |  |
| Discharges To Private Residence/Average Daily Census | 0. 0          | 9. 4     | 0.00             | 52. 8                                  | 0.00           |  |
| Residents Receiving Skilled Care                     | 0. 0          | 0.0      | 0.00             | 85. 3                                  | 0.00           |  |
| Residents Aged 65 and Older                          | 4. 0          | 15. 8    | 0. 25            | 87. 5                                  | 0. 05          |  |
| Title 19 (Medicaid) Funded Residents                 | 100. 0        | 99. 3    | 1. 01            | 68. 7                                  | 1.46           |  |
| Private Pay Funded Residents                         | 0. 0          | 0. 5     | 0.00             | 22. 0                                  | 0.00           |  |
| Developmentally Disabled Residents                   | 100. 0        | 99. 7    | 1.00             | 7. 6                                   | 13. 19         |  |
| Mentally Ill Residents                               | 0. 0          | 0. 2     | 0.00             | 33. 8                                  | 0.00           |  |
| General Medical Service Residents                    | 0. 0          | 0. 1     | 0.00             | 19. 4                                  | 0.00           |  |
| Impaired ADL (Mean)*                                 | 25. 6         | 50.6     | 0. 51            | 49. 3                                  | 0. 52          |  |
| Psychological Problems                               | 32. 0         | 46. 6    | 0. 69            | 51. 9                                  | 0. 62          |  |
| Nursing Care Required (Mean)*                        | 5. 5          | 11. 0    | 0. 50            | 7. 3                                   | 0.75           |  |